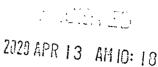


Control Number: 50595



Item Number: 8

Addendum StartPage: 0





Public Utility Commission of Texas Political Properties of Filling Clerk

Employee Training Report Required by 16 Texas Admin. Code § 25.97(d)

PROJECT NO. 500

AFFECTED ENTITY: City of Seymour

General Information

Pursuant to 16 Texas Admin. Code § 25.97(d)(2), not later than the 30th day after the date an affected entity finalizes a material change to a document or training program, the affected entity must submit an updated report. The first report must be submitted not later than May 1, 2020.

Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

Affidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

Filing Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 Telephone: (512) 936-7180



1. Provide a summary description of hazard recognition training documents you provide your employees related to overhead transmission and distribution facilities.

TEC Loss Control program
HB4150 Training
Hazord Recognition training

Affected Entity:	City	ofSev	mour

PROJECT NO.

2. Provide a summary description of training programs you provide your employees related to the National Electrical Safety Code for construction of electric transmission and distribution lines.

TEC Loss control progrem

NESC Clearance training

Affected Entity: City of Seymour	PROJECT NO.
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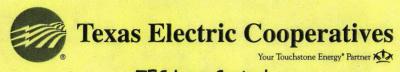
AFFIDAVIT

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Signature Surring
Signature/
Jay Barrington Printed Name
Printed Name
Electric Supervisor
Job Title
City of Seymour Name of Affected Entity
Name of Affected Entity

Sworn and subscribed before me this 1th day of	April	2020
	Month	Year
Corchita Donn	2)K	,
Notary Public in and For the State of	Texas	
My commission expires on	5-2023)

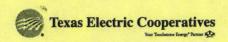




Part __ of __

TEC Loss Control Class Documentation/Programs

Loss Control Specialist CALDWELL	
Date 3.3-2000 Organization Com	of Seymour
Date 3.7-2020 Organization City HB 4150	+ UNDARN RECOGNITION TURILLY
Accidents/Near Miss Discussion: None /	
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Technical Training/Presentations: HB 4150	TRAMIA
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Check Applicable Categories: OSHA Required Training	Accident Analysis
Check Applicable Categories: OSHA Required Training Safety Manual Review	Accident Analysis Accident Investigation
Check Applicable Categories: OSHA Required Training Safety Manual Review Pole Top Rescue	Accident Analysis
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Class Roster

Part 1 of 2

White – Office Copy Yellow – Organization Copy Pink – LCS Copy

Loss Control Specialist: CALOLICE

Organization: City of Seymour Date: 3-3-2020

Location: Seymour TX

	Print Name	Signature	Classification
1.	Jaced Taylor	Jan Por	Lineman
2.	Chris Inenez	Chris francis	foreman
3.	JOE BUSH	The second	CAROUNDS MAAI
4.	Chris Inenez Joe Bush Jan Barrington	Ja. Br. 5	Supervisor
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